

Wisconsin Catholic Youth Rally 2024
High School and Middle School Edition
Sat. March 16, 2024 - Carroll University, Waukesha, WI
Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____

Parish / School: _____

Designated Supervisor of Activity: _____

I consent to the participation of my child/ward in the Wisconsin Catholic Youth Rally. In consideration for my child/ward's participation, I agree to reimburse and indemnify the Wisconsin Catholic Youth Rally and its agent Arise Milwaukee, and Carroll University for all reasonable legal and court fees incurred by Carroll University or Arise Milwaukee in defending a lawsuit that I or my child/ward may bring against Carroll University or Arise Milwaukee which relates to the Wisconsin Catholic Youth Rally if Carroll University and Arise Milwaukee is found not legally liable by the courts and prevails in the lawsuit. If Carroll University or Arise Milwaukee is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

Please note that the Wisconsin Catholic Youth Rally will be video recorded and photographed. Any videotape, photograph, slide, audiotape, or any other visual or audio reproduction taken throughout the day will be used for promotion of the Wisconsin Catholic Youth Rally and Arise Milwaukee. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff and volunteers of the Wisconsin Catholic Youth Rally and Arise Milwaukee from any liability connected with the use of my child's picture, video or voice recording as part of any of the above or similar activities.

I certify that I understand this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with the Wisconsin Catholic Youth Rally and/or a representative of Carroll University to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature

Date

Address

Home phone / Cell phone

Email Address: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name: _____

Phone Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity. Include any medications and dosage pertinent to your child/ward: _____

Please give to leader: To be brought to WCYR on March 16th. (Please do not mail!)